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EPA POTENTIAL HAZARDOUS WASTE SITE TENTATIVE DISPOSITION *PA/SE* REGION *6* SITE NUMBER *HR 1121*

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION *ARD 990 742 934*

A. SITE NAME *Union Carbide* B. STREET *HWY 270 E. of Hot Springs, Rt. 5, Box 943*
C. CITY *Hot Springs* D. STATE *AR* E. ZIP CODE *71901*

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY				
		EPA	STATE	LOCAL	PRIVATE	
A. NO ACTION NEEDED -- NO HAZARD						
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)						
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)						
E. RATIONALE FOR DISPOSITION <i>Site is an active vanadium oxide manufacturer. The substances of greatest concern include chlorides and metals. The PR indicates the potential for hazard to human health, contamination of surface water, and the contamination of soil. The site has allegedly contaminated the water supply, the ground water, and the air. Because of the above it is recommended that a site inspection be conducted at the site.</i>						
F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)		G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)				
H. PREPARER INFORMATION		I. DATE (mo., day, & yr.)				
1. NAME <i>Joseph S. Roberto</i>		2. TELEPHONE NUMBER <i>(214) 767-9706</i>		3. DATE (mo., day, & yr.) <i>4/5/85</i>		
III. INVESTIGATIVE ACTIVITY NEEDED						
A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.						
<i>include RCRA permit/compliance information</i>						
B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)						
1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS		
A. TYPE OF SITE INSPECTION						
(1) _____				SUBREUND.		
(2) _____				FILE		
(3) _____				JUN 05 1992		
B. TYPE OF MONITORING				REORGANIZED		
(1) _____						
(2) _____						
C. TYPE OF SAMPLING						
(1) _____						
(2) _____						

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III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)					
d. TYPE OF LAB ANALYSIS					
(1)					
(2)					
e. OTHER (specify)					
(1)					
(2)					
C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.					
D. ESTIMATED MANHOURS BY ACTION AGENCY					
1. ACTION AGENCY		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES		1. ACTION AGENCY	
a. EPA				b. STATE	
c. EPA CONTRACTOR				d. OTHER (specify)	
IV. REMEDIAL ACTIONS					
A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.					
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.					
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY					
1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		